

**REVOCATION OF
POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY
and
CHANGE OF
CORRESPONDENCE ADDRESS**

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First Inventor	CARTA
Art Unit	3672
Examiner	Tsay, Frank
Docket #	PD9497US00/BAS

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint the practitioners associated with the Customer Number: **00881**

Please change the correspondence address for the above identified application to the (below) address associated with Customer Number: **00881**

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.17.
STATEMENT under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date: 05/05/2008

Name

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required

Total of one form is submitted.

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